

Safety Plan

To be completed by OJJ Social Service staff for youth on suicide watch

Youth's Name: _____

Dorm: _____

Date Plan Began: _____

Date Plan End: _____

1. Brief identification of the crisis as defined by the youth: _____

2. What can the youth do to get through the next 24 hours? _____
(youth's own words)

3. What will the OJJ Counselor do to assist youth in getting through the next 24 hours?

4. What additional supports are available and can provide assistance? _____
(security staff; teacher; clerical; youth etc)

5. What will the above identified supports do to assist? _____

Additional information: _____

By signing below, we understand and agree to follow the safety plan that we have determined to be the best course of action until or next visit.

Youth's Signature

Date

OJJ Social Service Staff

Date